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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziac, NM 87410

DISTRICT II P.O. Drawer DD, Asteein, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>l</u>		O IHANS	SPORT OIL	ANU NA	I URAL G	_					
Operator  RRIDGE OIL COMPANY	r IDGE OIL COMPANY, L. P.					Well A			3c-025-11517		
Address	-		_			1		<u> </u>	<del></del>		
12377 Merit Drive, Reason(s) for Filing (Check proper box)		O, Dalla	s, Texas		er (Piease expi	ain)	<del></del>				
New Well		Change in Tra	asporter of:		er (1 seres exte	un,					
Recompletion	Oil	`	y Gas								
Change in Operator X	Casinghead		odeomie	2277 May	nd to Danday		1600 [	11122			
and address of previous operator Pe	trus UII	company					1600, 1	alias,	Texas 7525		
II. DESCRIPTION OF WELL	AND LEA				e 1/01/9				<del></del>		
Langlie Mattix Que	en Unit		ol Name, Includi anglie Ma		Rivers Q	ueen State,	of Lease Federal or Fe		sase No.		
Unit Letter	. 19	80 F	st From The Z	astu	and	60 R	set From The	Sou	Line		
Section D Towns	nip 25-S	Ra	<b>nge</b> 37-E	, NI	мрм,	Lea	<del></del>		County		
III. DESIGNATION OF TRA	NSPORTE	R OF OIL	AND NATU	RAL GAS							
Name of Authorized Transporter of Oil Shell Placting	1.0	or Condensate		Address (Giv	Boy 2	hich approved 648, )	Louston	form is to be se c ZL. 7	m) 1725ス		
Name of Authorized Transporter of Casi	Address (Give address to which approved copy of this form is in be sent)					377					
F 1 12 SO NO TUY	<u> </u>	5 <u>(0 1)</u> Sec.   Te	<del> </del>	Is gas actuall	v consected?	When	<u> 150 j.                                    </u>	1 1 5	110		
give location of tanks.	<u>iGi</u>	15 iz	<u>551372</u>	V	es	<u>i</u>	5/4	149			
If this production is commingled with the IV. COMPLETION DATA	t from any othe	er lease or pool	l, give commingi	ing order numi	ber:			<del>_</del>	<del> </del>		
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		<u>i</u>	<u> </u>	Total Domb	İ	<u>i                                      </u>	<u> </u>	<u> </u>	<u> </u>		
Date Spudded	Date Comp	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
								•			
	TUBING, CASING AND										
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUE	ST FOR A	LLOWAR	LE	<u> </u>				<del></del>			
OIL WELL (Test must be after								for full 24 hou	rs.)		
Date First New Oil Run To Tank Date of Test					ethod (Flow, p	ump, gas lift,	etc.)				
Length of Test	Tubing Pres	PETLE		Casing Press	TLE .		Choke Size	Choke Size			
					Water - Bbis.			Gas- MCF			
Actual Prod. During Test	Oil - Bbis.			WHEI - DOIL			Gas MCr	S			
GAS WELL	<u> </u>										
Actual Prod. Test - MCF/D	Length of	est		Bbls. Conder	MMCF		Gravity of	Condensate			
	Tubing Ban	anim (Chin in)		Casing Pressure (Shut-in)			Choke Size				
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Catting Pressure (Sing-III)							
VI. OPERATOR CERTIFIC	CATE OF	COMPLI	ANCE								
I hereby certify that the rules and reg	rulations of the	Oil Conservati	06	(		NSERV	ALION	DIVISION 100	אל חל		
Division have been complied with an is true and complete to the best of m			pove	nat	Anne	\ci	LER	1 3 199	U		
<i>(</i> ( )	,			Date	Approve	<del></del>		-			
Jaia McLaugh					By ORIGINAL SIGNED BY JERRY SEXTON						
Signature Dora McGough Regulatory Analyst					DISTRICT I SUPERVISOR						
Printed Name January 8, 1990	214/788		tie	Title							
Date	£17//00	Telepho	ne No.								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JAN 22 1990

OCT. HOBBS GATICE